Effective October 1, 2003									10871295							
			SMALL ENTITY OTHER													
F	OTAL CLAIM	s	(Column 1) (Col			•					OR	SMALL	. EN	MY		
			23					RATE		EE		RATE		FEE		
FOR			NUMBER FILED NI		NUM	MBER EXTRA		BASIC F	EE 38	5.00	OR	BASIC FE	77	0.00		
╟	OTAL CHARGE	27-, minus 20= • 7					XS 9=	6	3.	DR	X\$18≈	Ŀ				
	DEPENDENT (/- minus 3 = 0				·	X43=			OR	X86=					
MULTIPLE DEPENDENT CLAIM PRESENT								+145=			OR	+290=				
* If the difference in column 1 is less than zero, enter "0" in column 2									W	48	OR	TOTAL	T			
CLAIMS AS AMENDED - PART II 2-9-9 (Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY								
MENDMENTA		CLAIMS REMAINING AFTER AMENDMENT	REMAINING NUMBER AFTER PREVIOUS AMENDMENT PAID FO		EST IER USLY	PRESENT EXTRA		RATE	AD TIO	DI- NAL		RATE	AI	DDI- DNAL EE		
NON	Total	• 27	Minus .	- 2	7	• %		X\$ 9=			OR	X\$18=	·	ļ		
MA	Independent	entation of M	Minus	PENDENT	CLAIM	= 🔗		X43=			OR	X86=	П			
<u> </u>			02117 66 06	CHOCH	CCAIM			+145=			OR	+290=	П			
										İ	OR .	TOTAL	1			
ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE													· .			
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADI TION FE	AL		RATE	TIO	NAL EE		
Š	Total	.27	Minus	- 2	2	.0		X\$ 9=			OR	X\$18=.				
AME	Independent	NTATION OF ALL	Minus		3	.6	İ	X43=.	l ·		OR	X86=	_			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											OR	+290=		•		
	٠.						4	TOTAL	·	乛	OR .	TOTAL DOT FEE		_		
		(Column 1)	- ~	1 ·	•		. ~	visi, reži								
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE: NUMBE PREVIOU PAID FO	ST ER ISLY	(Column 3) PRESENT EXTRA	Ĺ	RATE	ADD TION FEE	AL	ſ	RATE		DI- NAL E		
ğ	Total	•	Minus	**		•	Γ	X\$ 9=			OR	X\$18=				
₹	Independent • Minus			***		•		X43≃		7		XB6=		一		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									-1	DR		- -			
. 8	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20.") AC	+290=	•	_		
_	THE Trighest Nur	riber Previously Pa	ld fee' IN The	Ŝ SPACE in it	ess than	3. antier "3"		TOTAL OIT. FEE	<u> </u>	_		DOTT. FEEL	•	[
٠ :		ber Previously Paid		mgependeri	to the	nighest number	tound	in the app	xopriste	bar i	n colui	nn 1.				
RM	PTO-875 (Rev. 10	000										THE WEST				

Application or Docket Number